FILING FEES \$438.00 (PLAPPEAL) Residential \$1,763.00 (PLAPPEAL), per Commercial Multi-family or Tentative Map Appeal

TRANSCRIPTION \$500 (PLTRANS)

Town of Los Gatos Office of the Town Clerk 110 E. Main St., Los Gatos CA 95030

APPEAL OF PLANNING COMMISSION DECISION

I, the undersigned, do hereby appeal a decision of the Planning Commission as

TO APPLICANT & APPELLANT BY:

DATE OF PUBLICATION:

	*** OFFICIAL USE ONLY ***
PHONE	:
DATE:	ADDRESS:
PRINT I	NAME:SIGNATURE:
U.	Commission for reconsideration.
5. 6.	Once filed, the appeal will be heard by the Town Council. If the reason for granting an appeal is the receipt of new information, the application will usually be returned to the Planning
5	the Zoning or Subdivision Code, as applicable, which is different from other appeals.
4.	An appeal regarding a Change of Zone application or a subdivision map only must be filed within the time limit specified in
3.	The Town Clerk will set the hearing within 56 days of the date of the Planning Commission Decision (Town Ordinance No. 1967).
۷.	Deadline is 5:00 p.m. on the 10 th day following the decision. If the 10 th day is a Saturday, Sunday, or Town holiday, then it may be filed on the workday immediately following the 10 th day, usually a Monday.
1. 2.	Appellant is responsible for fees for transcription of minutes. A \$500.00 deposit is required at the time of filing. Appeal must be filed within ten (10) calendar days of Planning Commission Decision accompanied by the required filing fee.
IMPOR	
	IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.
	Town Council.
3.	The Planning Commission did not have discretion to modify or address the following policy or issue that is vested in the Town Council:
_	(please attach the new information if possible): OR
2.	
1.	The Planning Commission erred or abused its discretion because
Counci	nt to the Town Code, the Town Council may only grant an appeal of a Planning Commission decision in most matters if the I finds that one of three (3) reasons exist for granting the appeal by a vote of at least three (3) Council members. Therefore, specify how one of those reasons exists in the appeal:
ADDRE	SS LOCATION:
PROJEC	CT / APPLICATION NO:
	DATE OF PLANNING COMMISSION DECISION
	TOIIOWS: (PLEASE TYPE OR PRINT NEATLY)

Pending Planning Department Confirmation